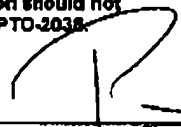


PTO/SB/31 (08-03)

Approved for use through 07/31/2006. OMB 0461-0031
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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) MBX 020							
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on <u>December 3, 2003</u> . Signature _____ Typed or printed name <u>Peggy Bailey</u>		In re Application of Lara Madison et al. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Application Number 09/235,875</td> <td style="padding: 2px;">Filed January 22, 1999</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For Transgenic Systems For The Manufacture Of Poly(2-Hydroxybutyrate-Co-3-Hydroxyhexanoate)</td> </tr> <tr> <td style="padding: 2px;">Art Unit 1638</td> <td style="padding: 2px;">Examiner Russell Kallis</td> </tr> </table>		Application Number 09/235,875	Filed January 22, 1999	For Transgenic Systems For The Manufacture Of Poly(2-Hydroxybutyrate-Co-3-Hydroxyhexanoate)		Art Unit 1638	Examiner Russell Kallis
Application Number 09/235,875	Filed January 22, 1999								
For Transgenic Systems For The Manufacture Of Poly(2-Hydroxybutyrate-Co-3-Hydroxyhexanoate)									
Art Unit 1638	Examiner Russell Kallis								
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.									
The fee for this Notice of Appeal is (37 CFR 1.17(b))		\$ <u>330.00</u>							
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ <u>165.00</u>							
<input type="checkbox"/> A check in the amount of the fee is enclosed.									
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.									
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.									
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>50-1888</u> . I have enclosed a duplicate copy of this sheet.									
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
I am the		 _____ Signature Patrea L. Pabst Typed or printed name (404) 817-8473 Telephone number December 3, 2003 Date							
<input type="checkbox"/> applicant/inventor.									
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
<input type="checkbox"/> attorney or agent of record. Registration number <u>31,284</u>									
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
<input type="checkbox"/> *Total of _____ forms are submitted.									

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